

# Volunteer Application Form

PERSONAL DETAILS			
Surname		Forename	
Address			
		Postcode	
Home Tel No		Mobile No	
Best Time to Contact			
Email address			

Please state in what capacity you would like to volunteer in:			
<i>Sporting Events</i>	<input type="checkbox"/>	<i>Knit Bears</i>	<input type="checkbox"/>
<i>Boxes</i>	<input type="checkbox"/>		<i>Making</i>
<i>Board of Trustees</i>	<input type="checkbox"/>	<i>Making Toys</i>	<input type="checkbox"/>
<i>Fundraising</i>	<input type="checkbox"/>		
<i>Stall at a Fate</i>	<input type="checkbox"/>	<i>Work Experience</i>	<input type="checkbox"/>
<input type="checkbox"/>			<i>Finance</i>

When would you be available to volunteer with us? <i>(Please tick)</i>							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**What has motivated you to apply for a volunteer role in The Treasure Basket Association?**

**What previous work experience, including voluntary work do you have?**

**Do you have any hobbies or interests relevant to the post?**

**What skills, knowledge and experience do you feel you could bring to a voluntary role in our organisation?**

Are there reasonable adjustments that we could make as part of your recruitment process that would enable you to enjoy equality of opportunity in seeking a volunteer role with us?  
Please specify:

Please provide names and addresses of two people who we could contact for a reference. (Someone who is not a relative, but has known you for 2 years within the last 5 years).

REFERENCE 1		REFERENCE 2	
Name		Name	
Job Title		Job Title	
Organisation		Organisation	
Address		Address	
Postcode		Postcode	
Tel No		Tel No	
Email address		Email Address	

Signed \_\_\_\_\_  
\_\_\_\_\_

Date

Thank you for your interest, we will be in touch soon.

**PLEASE NOTE:**

All information received will be dealt with in confidence, consistent with our commitment to safeguard vulnerable adults

# Declaration of Criminal Convictions, Cautions and Bind-Over Orders

## In Confidence

Have you been barred from working with vulnerable adults and therefore had your name placed on a Barred List?	YES <input type="checkbox"/>
NO <input type="checkbox"/>	
If yes, please give details	

Do you have any prosecutions pending?	YES <input type="checkbox"/>
NO <input type="checkbox"/>	
If yes, please give details	

Have you ever been convicted at a court or cautioned by the police for any offence?	YES <input type="checkbox"/>
NO <input type="checkbox"/>	
If yes, please list below details of all convictions, cautions, or bind-over orders. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter.	

<b>Declaration of Abuse Investigation(s)</b> Have you ever been the subject of an Adult or Child Abuse investigation which alleged that you were the perpetrator of any adult or child abuse?
YES <input type="checkbox"/> NO <input type="checkbox"/>

If yes, please list full details below including the name of police unit or HSC Trust involved in the investigation. If possible please provide the approximate date/s.

### **Declaration and Consent**

I declare that the information I have given is complete and accurate. I understand that I will be asked to complete a Disclosure Barring Service Application Form if I am considered to be the preferred candidate. I consent to the appropriate DBS check being made and I agree to enquiries relevant to this declaration.

Signed:

Date:

Print Name:

Position applied for: